

| POSITION                         | INITIALS  | ID #.      | DATE            |
|----------------------------------|-----------|------------|-----------------|
| <b>FEE DETERMINATION</b>         | <i>WA</i> |            | <i>05/16/01</i> |
| <b>O.I.P.E. CLASSIFIER</b>       |           | <i>21</i>  | <i>5/31/01</i>  |
| <b>FORMALITY REVIEW</b>          | <i>AM</i> | <i>917</i> | <i>07-11-01</i> |
| <b>RESPONSE FORMALITY REVIEW</b> |           |            |                 |

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

| Claim | Final | Original | Date |
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| 147   |       |          |      |
| 148   |       |          |      |
| 149   |       |          |      |
| 150   |       |          |      |

If more than 150 claims or 10 actions  
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